

## 1. INTRODUCTIONS

- *There were no new members on the call.*

*Participants to the call:*

*Alric Rüther*

*Elie Akl*

*Ivan Florez*

*Jerry Osheroff*

*Michael McCaul*

*Mireille Goetghebeur*

*Newman Dieyi*

*Nichole Taske*

*Per Olav Vandvik*

*Tamara Kredo*

*Xuan Yu*

*Secretariat: Anna Dion, David Tovey, Safa Al-Khateeb*

## 2. FOLLOW-UP ON ACTION ITEMS

### *a. Papers on rapid guideline assessment*

- i. Article 1: <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0327-8>*
- ii. Article 2: <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0329-6>*
- iii. Article 3: <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-018-0330-0>*

- *Ivan asked people to read through articles above about rapid guideline assessment*
- *At next week's meeting, group to discuss relevance for COVID-related guidelines and what would be defined as "good enough" trustworthy guidelines in context of COVID.*
- *GRADE working on finalizing article describing urgent guidelines. Once gone through GRADE approval process, Eli to share with group*
- *Opportunity to also translate learnings for relevance to HTA assessment*

## 3. TERMS OF REFERENCE AND OBJECTIVES

- a. Review items 7, 8, and 9 in terms of reference (see attachment 3)*

- *Item #7 describes under-taking quality assessments of guidelines. May be opportunities to link to other groups are currently doing in this space. Will be discussed in more detail in agenda item 4 and will be revised once group decides best way to add value in this space.*
- *Item #8 describes developing guidance for rapid guidelines.*
- *Jerry suggested that there may an opportunity to test the development and implementation of a rapid recommendation linked with ACTS question (as a case example), recognizing the amount of work need to develop rapid guidelines*
- *Elie described rapid guideline he contributed to around imaging for diagnosis and management of COVID-19. Would be happy to methods and process used to develop guidelines to inform discussion*
- *Will revised the 3<sup>rd</sup> objective in the TORs to include living/rapid guidance, and identifying where recommendations are urgently needed. The group will also revisit this change after presentation from Elie on methods for rapid guideline development.*
- *Keeping resources search (item #9) in TORs to meet needs around guideline and HTA related support*

*b. Discussing how to move forward with items 1, 2 and 3 (see attachment 3)*

- *Michael shared plans to move forward on these objectives*
- *Given progress made by GIN in cataloguing living list of COVID-related guidelines, suggest to mirror and link to information on GIN COVID-19 website, building on following outline:*
  - *Repositories of guidelines/guidance:*
  - *Individual or organizational guidelines/guidance:*
  - *Methods and standards: (sorted under subheadings)*
  - *Developing Guidelines and recommendations*
  - *Adapting Guidelines*
  - *Rapid Guidelines*
  - *Standards*
  - *Software and tools:*
- *Develop a resource and tool document similar to that prepared by Synthesizing working group (available on the MS Teams COVID-END site for the Synthesizing working group*

**ACTION ITEM:** Mireille will share link to ethical resources for guideline development related to COVID-19

#### 4. GUIDANCE ACTIVITIES

*a. List and appraise COVID-related clinical practice guidelines, complementing and building on existing initiatives (ECRI, NIPH, others) (see attachment 4)*

- *Newman walked the group through the background document he had prepared comparing different approaches to guideline assessment between ECRI, NIPH/FHI and a group led by Yannaez in the Middle East*
- *Explained that these are most promising resources we found, though not perfect; part of Newman's work is to assess the extent that quality is considered within that context*
- *Per suggested including assessment of navigation/usefulness as additional criteria*
- *Different quality assessments prioritize different quality criteria (e.g. stakeholder involvement, rigour in guideline development, etc). Given variations in need and context, likely need flexibility across this space, while supporting transparency of criteria and how they are weighted, allowing end-users to select guidance, knowing how it has been developed and how to adapt to their context*
  
- *Group discussed whether repository should include complete range of guidelines (rather than just high-quality ones) to be align with end-user needs. Group agreed to re-visit this question at a later meeting*

*b. COVID-19 guideline appraisal shared by Tamara (see attachment 5)*

- i. Checking PROSPERO for other groups doing or planning this – could be part of potential collaboration efforts*
- *This was not discussed- to be carried forward to next meeting*

#### 5. WORKING GROUP ACHIEVEMENTS STATEMENT

*a. Recommending evidence-based approaches in ways that are more coordinated and efficient and that balance quality and timeliness: possibly guideline registration, inventory and quality rating*

#### 6. ANY OTHER BUSINESS